(c) whether the future generation will be weak due to weak children and this would adversely affect the economic progress of the country; and

(d) if so, the steps being taken by Government to improve this situation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) As per the National Family Health Survey (NFHS)-III (2005-06), in India 42.5% children under the age of five years are underweight and 48% are stunted.

(c) Malnutrition during pregnancy can result in low birth weight and small for date babies. These children are more prone to malnutrition during all phases of life. Thus a vicious cycle of malnutrition is perpetuated. Further, malnutrition reduces capacity to work which affects the productivity in the country.

(d) The remedial steps being taken, by the Government to check problem of malnutrition are the promotion of early initiation of breastfeeding; exclusive breast feeding for the first six months of life; promotion of complementary feeding from the age of six months onwards with continuation of breast feeding up to two years of age; and counseling of mothers and care givers for healthy feeding practices in children.

A National Nutrition Policy has been adopted by the Ministry of Women and Child Development in 1993 and a National Plan of Action for Nutrition (1995) is being implemented. The National Nutrition Mission has been set up by the nodal Ministry for Nutrition *i.e.* Ministry of Women & Child Development.

The Ministry of Health & Family Welfare implements the Reproductive and Child Health Programme throughout the country under National Rural Health Mission (NRHM) which includes:

- Specific programmes to manage micronutrient deficiencies of Vitamin A and Iron & Folic Acid through supplementation. Vitamin A is supplemented for children from the age of nine months till the age of 5 years and Iron & Folic Acid supplementation is provided for infants, preschool children, adolescent girls, pregnant and lactating women.
- The National Iodine Deficiency Disorders Control Programme (NIDDCP) is implemented by provision of iodized salt throughout the country.

Spending on healthcare

†2091. SHRI SHIVANAND TIWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that an average family in the country has to spend 6.7 per cent of its annual income on medical purposes;

(b) if so, the facts in this regard and whether it is also a fact that this expenditure on health is due to expensive medical system;

(c) if not, the reaction of Government thereto and whether health insurance system can help to get rid of this expensive medical system; and

(d) if so, the scheme of Government for health insurance system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) As per data made available in National Sample Survey Organization (NSSO) 61st round (2004-05) 7% of total consumer expenditure in rural India and 5% in urban India is on Medical expenses.

The report of the Task Force on Medical Education states that the private sector provides 58% of hospitals, 29% of the beds and 81% of the doctors. 77% of the OPD cases in rural areas and 80% in the urban areas are being serviced by the private sector in the country. As per Reports of the 60th Round of NSSO, the average expenditure per hospitalization in Government in rural area is Rs.3,238/-while the cost in private is Rs.7,408/-. This high degree of reliance on the private sector has led to relatively high cost of health care. The Government of India has therefore launched National Rural Health Mission (NRHM) with the aim to provide affordable care by strengthening the public health system and thereby rectifying this anomaly. Health Insurance is not the only, but one of the many interventions under NRHM which seek to reduce the high out of pocket expenditure that households incur in times of seeking hospitalized care.

NRHM has adopted health insurance for BPL population of the country. The cost of the annual premium up to 75%, subject to a maximum of Rs.300/- per BPL Family is borne by Ministry of Health and Family Welfare.

A Framework for developing health insurance programme (some suggestions for the States) have been developed and the Government has advised the State/UT Governments to prepare Health Insurance models as per their local needs to be run on pilot basis.

The State Government of Andhra Pradesh, Rajasthan, Madhya Pradesh and Mizoram have sent proposals for pilot projects under NRHM.

Further, another scheme, Rashtriya Swasthya Bima Yojana has been introduced by the Ministry of Labour for the BPL Family of workers of Unorganized Sector in April 2008. The premium up to 75%, subject to maximum of Rs.565/- per annum per BPL Family of workers of Unorganized Sector shall be borne by Ministry of Labour for a Insurance Cover of Rs.30,000/- on floater basis.

Recognition of foreign medical degree

2092.SHRIMATI HEMA MALINI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have allowed Indian doctors with foreign post graduate degrees to practice in the country;

(b) if so, what are the numbers of such PG doctors having degrees from UK, US, Canada, Australia and Newzealand, country-wise; and

(c) whether such doctors will have any impact on the severe shortage of doctors in India?